



# State of New Hampshire

## 2015 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/23/2015

Business ID: 151967

William M. Gardner

Secretary of State

EAST COAST HEATING AND AIR CONDITIONING, INC.

PO BOX 8213

PORTSMOUTH, NH 03802-8213

ENTITY TYPE: CORPORATION

BUSINESS ID: 151967

STATE OF DOMICILE: NEW HAMPSHIRE

DEAL IN COMMERCIAL REFRIGERATION, HEATING, VENTILATION,  
AIR CONDITIONING

ADDRESS OF PRINCIPAL OFFICE:

436 SHATTUCK WAY

NEWINGTON, NH 03801

REGISTERED AGENT AND OFFICE:

LYONS, JOHN E, JR

ELDREDGE PARK W, 1 CATE STREET

PORTSMOUTH, NH 03801

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

### OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Peter Robitaille  
STREET 155 Echo Ave Unit 8  
CITY/STATE/ZIP Portsmouth Nh 03801

V-PRES. Eric Littlefield  
STREET 178 Mast Rd  
CITY/STATE/ZIP Dover Nh 03820

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Peter Robitaille  
STREET 155 Echo Ave Unit 8  
CITY/STATE/ZIP Portsmouth Nh 03801

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Peter Robitaille

Please print name and title of signer:

Peter Robitaille

/

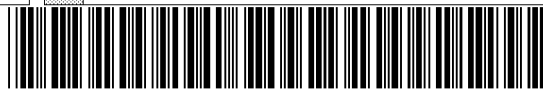
PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



015196720151008

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301